Today, the Obama Administration released the first installment of its Quadrennial Energy Review (QER) after a year-long, detailed examination of our energy needs. The QER is not exactly glamorous, but it is a serious, thoughtful and necessary look at how best to modernize America's energy infrastructure to create jobs and grow our economy in a manner that ensures our energy security and protects our environment. While I look forward to reviewing the complete report, I know that the progress updates we have received throughout the year have elicited positive and hopeful reactions from both sides of the aisle.

That's why I'm particularly pleased that the Administration is releasing this now while our Committee and our counterparts in the other body are considering the components of a possible bipartisan energy bill. We must meet consumers' need for reliable, affordable and, just as importantly, clean energy—one of the nation's most pressing issues. The QER looks to the future of our economy to take full advantage of American innovation and the new sources of domestic energy supply that are transforming the nation's energy marketplace. Just like efficiency, energy infrastructure—particularly with regard to size, scope, volume and siting—is critical to that endeavor. So, too, is the makeup—not just the volume—of the jobs that are created in modernizing that infrastructure; they must be jobs that are long-term, well-paying, and a gateway to the American dream for a diverse range of women and men.

As Chairman UPTON, Chairman WHITFIELD, Ranking Member RUSH and I continue to explore the potential for developing and moving a bipartisan energy bill during this Congress, I hope we will take advantage of the QER, as well as the best consensus ideas on both sides of the aisle here in Congress. That, to me, is the only successful path forward and it is the process embodied in the legislation before us today.

I urge my colleagues to support both the legislation before us and continuing the effort to build a broad, bipartisan partnership on energy issues. Only through this kind of cooperation can we enact energy legislation that truly powers our economy and our future.

Mr. PETERSON. Madam Speaker, I strongly support the Energy Efficiency Improvement Act, which will create a special category for large volume water heaters in the Department of Energy's new energy efficiency standards. Without this bill, manufacturers would no longer be able to make large volume water heaters, which are commonly used in Minnesota homes.

This legislation is necessary because the DOE failed to recognize the many benefits that large-volume water heaters provide, like bringing more renewable energy onto the grid, and allowing power plants to run more efficiently. The Department then made a problematic rule even worse by pulling a waiver for this technology three weeks before the rule went final this month.

This could have been where the story ended, but a diverse coalition of stakeholders had been working together to ensure that this technology can continue to be used.

They know that using electricity in a smarter way not only saves consumers money, but it is also good for the environment and helps to stabilize the grid.

That is why industry, environmental and energy efficiency stakeholders support these hot water heaters when used as part of demand response systems. I hope that with the passage of this bill, the Department can get quickly reverse course, and move forward.

This is good, reasonable legislation and I urge my colleagues to vote yes.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. WHITFIELD) that the House suspend the rules and pass the bill, S. 535.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

ENSURING PATIENT ACCESS AND EFFECTIVE DRUG ENFORCEMENT ACT OF 2015

Mrs. BLACKBURN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 471) to improve enforcement efforts related to prescription drug diversion and abuse, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 471

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Ensuring Patient Access and Effective Drug Enforcement Act of 2015''.

SEC. 2. REGISTRATION PROCESS UNDER CONTROLLED SUBSTANCES ACT.

(a) DEFINITIONS.—

(1) FACTORS AS MAY BE RELEVANT TO AND CONSISTENT WITH THE PUBLIC HEALTH AND SAFETY.—Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

''(i) In this section, the phrase 'factors as may be relevant to and consistent with the public health and safety' means factors that are relevant to and consistent with the findings contained in section 101.''.

(2) IMMINENT DANGER TO THE PUBLIC HEALTH OR SAFETY.—Section 304(d) of the Controlled Substances Act (21 U.S.C. 824(d)) is amended—

(A) by striking ''(d) The Attorney General'' and inserting ''(d)(1) The Attorney General''; and

(B) by adding at the end the following:

''(2) In this subsection, the phrase 'imminent danger to the public health or safety' means that, in the absence of an immediate suspension order, controlled substances will continue to be distributed or dispensed by a registrant who knows or should know through fulfilling the obligations of the registrant under this Act—

''(A) the dispensing is outside the usual course of professional practice;

''(B) the distribution or dispensing poses a present or foreseeable risk of adverse health consequences or death due to the abuse or misuse of the controlled substances; or

''(C) the controlled substances will continue to be diverted outside of legitimate distribution channels.''.

(b) OPPORTUNITY TO SUBMIT CORRECTIVE ACTION PLAN PRIOR TO REVOCATION OR SUSPENSION.—Subsection (c) of section 304 of the Controlled Substances Act (21 U.S.C. 824) is amended—

(1) by striking the last two sentences;

(2) by striking ''(c) Before'' and inserting ''(c)(1) Before''; and

(3) by adding at the end the following:

''(2) An order to show cause under paragraph (1) shall—

''(A) contain a statement of the basis for the denial, revocation, or suspension, including specific citations to any laws or regulations alleged to be violated by the applicant or registrant;

''(B) direct the applicant or registrant to appear before the Attorney General at a time and place stated in the order, but not less than 30 days after the date of receipt of the order; and

''(C) notify the applicant or registrant of the opportunity to submit a corrective action plan on or before the date of appearance.

''(3) Upon review of any corrective action plan submitted by an applicant or registrant pursuant to paragraph (2), the Attorney General shall determine whether denial, revocation or suspension proceedings should be discontinued, or deferred for the purposes of modification, amendment, or clarification to such plan.

''(4) Proceedings to deny, revoke, or suspend shall be conducted pursuant to this section in accordance with subchapter II of chapter 5 of title 5, United States Code. Such proceedings shall be independent of, and not in lieu of, criminal prosecutions or other proceedings under this title or any other law of the United States.

''(5) The requirements of this subsection shall not apply to the issuance of an immediate suspension order under subsection (d).''.

SEC. 3. REPORT TO CONGRESS ON EFFECTS OF LAW ENFORCEMENT ACTIVITIES ON PATIENT ACCESS TO MEDICATIONS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs and the Director of the Centers for Disease Control and Prevention, in coordination with the Administrator of the Drug Enforcement Administration and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall submit a report to the Committee on the Judiciary of the House of Representatives, the Committee on Energy and Commerce of the House of Representatives, the Committee on the Judiciary of the Senate, and the Committee on Health, Education, Labor, and Pensions of the Senate identifying—

(1) obstacles to legitimate patient access to controlled substances;

(2) issues with diversion of controlled substances; and

(3) how collaboration between Federal, State, local, and tribal law enforcement agencies and the pharmaceutical industry can benefit patients and prevent diversion and abuse of controlled substances.

(b) CONSULTATION.—The report under subsection (a) shall incorporate feedback and recommendations from the following:

(1) Patient groups.

(2) Pharmacies.

(3) Drug manufacturers.

(4) Common or contract carriers and warehousemen.

(5) Hospitals, physicians, and other health care providers.

(6) State attorneys general.

(7) Federal, State, local, and tribal law enforcement agencies.

(8) Health insurance providers and entities that provide pharmacy benefit management services on behalf of a health insurance provider.

(9) Wholesale drug distributors.

(10) Veterinarians.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from

Tennessee (Mrs. BLACKBURN) and the gentleman from Vermont (Mr. WELCH) each will control 20 minutes.

The Chair recognizes the gentlewoman from Tennessee.

GENERAL LEAVE

Mrs. BLACKBURN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Tennessee?

There was no objection.

Mrs. BLACKBURN. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 471, the Ensuring Patient Access and Effective Drug Enforcement Act of 2015. This critical legislation combats inappropriate use of prescription drugs by bringing greater clarity and transparency to the requirements for safe and secure distribution of these medicines.

It accomplishes these goals by clarifying some key terminology in the Controlled Substances Act. This comprehensive approach to the legislation will result in better protections against diversion and abuse of controlled substances.

What it does is it provides the DEA with the clarity to collaborate with the very people responsible for ensuring that these medications get to the patients who need them without hurting and harming that distribution chain and while clamping down on diversions and abuse. These collaborations will lead to improved policies to prevent diversion while allowing legitimate patients to have access to the medications they need.

Now, like so many components and pieces and bills and parts of legislation, the best example of why this is needed is a story that comes from home. In the case of this bill, we had a constituent who called our office after one of the recent ice storms that we saw in middle Tennessee this winter. It seemed as if these storms would never stop. The ice would come, and then it would not melt.

We had a constituent who has a son who has a severe seizure disorder, and he takes three different medicines to control these seizures. Although his medicines are not opioids, two of them are controlled substances. So this mother, taking care of her son, decided she better get herself to the drugstore before the storm hit, and she did just that, to refill his prescriptions. She was anticipating that the prescriptions would run out before the ice melted and she would be able to get to the store.

At the drugstore, she was told that she could not refill them because it was too early. She explained the situation. The pharmacist sympathized, but the pharmacist went on to say if the prescription were to be filled early, there would be problems with the DEA and other agencies.

□ 1600

The pharmacist was worried that his license might be lost.

Our legislation is simply to ensure that patients who have a legitimate need for medications can receive them while we are battling diversion and abuse, which truly is a problem in this country.

So, Madam Speaker, I encourage all of my colleagues to support this effort.

I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, April 20, 2015.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN UPTON: I am writing with respect to H.R. 471, the ''Ensuring Patient Access and Effective Drug Enforcement Act of 2015.'' As a result of your having consulted with us on provisions in H.R. 471 that fall within the Rule X jurisdiction of the Committee on the Judiciary, I agree to discharge our Committee from further consideration of this bill so that it may proceed expeditiously to the House floor for consideration.

The Judiciary Committee takes this action with our mutual understanding that by foregoing consideration of H.R. 471 at this time, we do not waive any jurisdiction over subject matter contained in this or similar legislation, and that our Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues in our jurisdiction. Our Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and asks that you support any such request.

I would appreciate a response to this letter confirming this understanding with respect to H.R. 471, and would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during Floor consideration of H.R. 471.

Sincerely,

BOB GOODLATTE,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, April 20, 2015.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE: Thank you for your letter regarding H.R. 471, the ''Ensuring Patient Access and Effective Drug Enforcement Act of 2015''. As you noted, there are provisions of the bill that fall within the Committee on the Judiciary's Rule X jurisdiction.

I appreciate your willingness to forgo consideration of H.R. 471, and I agree that your decision is not a waiver of any of the Committee on the Judiciary's jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward. In addition, I understand the Committee reserves the right to seek the appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, for which you will have my support.

I will include a copy of your letter and this response in the Congressional Record during consideration of H.R. 471 on the House floor.

Sincerely,

FRED UPTON,
Chairman.

Mr. WELCH. Mr. Speaker, I yield myself such time as I may consume.

I am pleased that the House is taking up again bipartisan action today to address the serious issue that impacts families in each of our districts: prescription drug abuse.

Vermont, like Tennessee and many States around the country, is grappling with a serious opiate epidemic. In addition to alarming increases in heroin abuse, admissions for treatment of prescription drug abuse increased 361 percent between 2005 and 2013.

As we have experienced in Vermont, we are most effective in dealing with this public health crisis when stakeholders—providers, public health officials, law enforcement, distributors, and pharmacists—come together to tackle the problem head-on.

Today, the distributors of prescription drugs, along with local pharmacies, are experiencing unpredictable enforcement from the DEA. This has led to disruptions in the supply chain which limit patient access to prescription drugs for legitimate uses, as was evidenced by my colleague's story.

The Ensuring Patient Access and Effective Drug Enforcement Act will encourage collaboration between law enforcement, members of the supply chain, and public health providers and officials while ensuring patients have access to the treatment their doctor has prescribed.

It has been a pleasure to work with Representative MARINO, Representative BLACKBURN, and Representative CHU, who has been a major leader on this, and I thank them for their efforts and their leadership. I also thank Chairman UPTON and Ranking Member PALLONE for making this issue a priority of the Energy and Commerce Committee.

I urge my colleagues to support H.R. 471, and I reserve the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, I think it is so important for us to note that the gentleman from Pennsylvania (Mr. MARINO) has been the primary author of this legislation and has brought to the table to work on this bill his experience of 7 years as a U.S. attorney—10 years prior to that as a district attorney—and has seen firsthand and dealt with drug diversion, drug enforcement issues, and the needs of the patient.

At this time, I yield 5 minutes to the gentleman from Pennsylvania (Mr. MARINO).

Mr. MARINO. Mr. Speaker, in early 2013, a pharmacist told me about a problem he was having accessing necessary prescriptions for his customers, many of whom were older cancer patients suffering with chronic pain.

What started out as a simple conversation with a constituent soon

turned into serious concerns about problems in the prescription drug supply chain—problems that we aim to address here today by passing H.R. 471, the Ensuring Patient Access and Effective Drug Enforcement Act.

Any legitimate business involved in distributing or dispensing prescriptions welcomes appropriate oversight and regulation. Further, we know these businesses value a collaborative working relationship with agencies like the Drug Enforcement Administration.

Manufacturers, distributors, and pharmacies alike are on the front lines every day in the fight to end the prescription drug abuse epidemic. They are making efforts to educate prescribers and patients about the safe use and disposal of prescriptions and working to implement prescription drug monitoring programs that will reduce the illegal diversion of powerful opioid pain relievers.

Despite a strong commitment to being part of the solution, distributors and pharmacists are finding that the unnecessary adversarial regulatory environment created by the DEA is putting effective enforcement outcomes in jeopardy.

As a former district attorney and United States attorney, I have fond memories of working with DEA agents to put away drug dealers. To say that I have the highest regard for the DEA and the work they do does not begin to convey my respect for the agency and its employees. That is why I am so passionate about this subject and why I think it is necessary to pass H.R. 471 today.

This bill will bring much-needed clarity to critical provisions of the Controlled Substances Act. In doing so, we will ensure that the DEA's authorities are not abused and threatened by future legal challenges; foster greater collaboration, communication, and transparency between the DEA and the supply chain; create more opportunities to identify bad actors at the end of the supply chain; and, most importantly, be certain that prescriptions are accessible to patients in need.

We are all in this together. We cannot enforce our way out of this epidemic. Education, treatment, and enforcement are all critical to addressing the problem, but so is collaboration.

The clarity that H.R. 471 brings will ensure that the current regulatory culture evolves into one that rewards cooperation and brings more successful diversion control efforts in the future.

I want to thank my friend, Congresswoman BLACKBURN, for working closely with my team and me to develop the bill. I want to thank our champions on the other side of the aisle, Dr. JUDY CHU and Representative PETER WELCH, for their leadership and efforts to bring us here today.

We could not have achieved this without the efforts of Chairman PITTS and Chairman UPTON and their staff on the Energy and Commerce Committee. I must thank House Judiciary Committee Chairman GOODLATTE for his forthright suggestions that made this a more effective, efficient measure worthy of consideration by this House.

Again, I want to stress the fact that this is bipartisan. The Democrats and the Republicans saw the importance in this and got together, and we worked it out, and I thank everyone involved.

Mr. WELCH. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. JUDY CHU), one of the lead sponsors of this legislation.

Ms. JUDY CHU of California. Mr. Speaker, prescription drugs improve the quality of life for millions of Americans. They treat illnesses, alleviate pain, and help cure disease. But the ease of abuse has turned a solution into a problem.

Each year, nearly 15,000 overdose deaths are attributed to prescription pain relievers—more than heroin and cocaine combined. Our government and private entities in the prescription drug supply chain must do what they can to prevent drug abuse and diversion.

At the same time, we must ensure that pharmacists, who are our Nation's most accessible healthcare providers, are able to dispense drugs to patients who are in legitimate need and have proper prescriptions without groundless disruptions.

The bipartisan bill we vote on today that I am proud to have introduced with my colleagues would do just that. Our bill encourages collaboration between stakeholders and the Drug Enforcement Administration to ensure effective enforcement of abuse while also ensuring that patients will continue to have safe access to the drugs they need. This will lead to fewer disruptions for pharmacists and, in turn, ensure that patients will not be left behind.

I urge an ''aye'' vote on this very important bill.

Mrs. BLACKBURN. Mr. Speaker, at this time I yield 2 minutes to the gentleman from Florida (Mr. JOLLY), one of our colleagues from the Appropriations Committee handling Commerce, Justice, Science appropriations.

Mr. JOLLY. I thank the gentlewoman.

Mr. Speaker, I rise today in strong support of this commonsense measure that will help us more effectively fight prescription drug abuse while also ensuring that Americans are able to get their needed pain medications.

Florida has been at the epicenter of the debate concerning combating prescription drug abuse while ensuring legitimate patient access to critical pain medications.

Florida was one of the first States to be affected by the proliferation of ''pill mills'' and took strong action to shut them down, under the stellar leadership of our State attorney general.

We have seen similar challenges nationally, and DEA has taken action. Unfortunately, Federal agencies have not coordinated their efforts to ensure appropriate access to prescription controlled substances.

In Florida and elsewhere, we are seeing legitimate patients who are getting caught up in the efforts to stop prescription drug abuse.

My own father was one of those patients: an 80-year-old retired minister prescribed a legitimate medication for chronic pain and yet unable to fill that prescription at his local pharmacy. All of the best intentions in the world by all of the actors but, unfortunately, there were very unintended consequences for a patient who needed care.

The issue is largely due to DEA policies and extremely poor coordination between DEA and FDA.

The key to this legislation is collaboration and coordination. This bill requires HHS and DEA to collaboratively assess the obstacles patients like my own father face and more effectively coordinate those efforts to prevent diversion and abuse of prescription drugs, while including the input of private sector stakeholders who are vital to these efforts.

I urge my colleagues to support this very important and commonsense legislation.

Mr. WELCH. Mr. Speaker, I yield myself such time as I may consume.

I want to thank my colleagues, particularly Mr. MARINO. We have the practical application of a commonsense approach here, where, on the one hand, you have got this enormous health need that the people whom we represent can have some of their suffering alleviated if they can get access to the appropriate prescription drugs. On the other hand, we do have an abuse. Folks get stuck on them, and we have got law enforcement out there trying to make sure they are enforcing the laws.

The need for law enforcement and the need for proper access to prescription medication have to coexist. This practical presentation that was spearheaded by somebody who knows how law enforcement works and is committed to the principles of good law enforcement, I think, really gave this Congress a boost in coming up with a practical, bipartisan approach to finding the right balance.

So I thank my colleague, Mrs. BLACKBURN, as well as Mr. JOLLY, for what I thought was a very helpful statement, and I yield back the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, at this time I yield 1 minute to the gentleman from Pennsylvania (Mr. COSTELLO), a member of the Veterans' Affairs Committee who has worked through this issue with some veterans.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today in support of H.R. 471.

We have all seen reports in our local newspapers about the fight against prescription drug abuse by our local law enforcement officials and the damaging effect that prescription drug abuse has

on families and communities across this country.

According to the CDC, since 1999, the amount of prescription painkillers prescribed and sold in the United States has quadrupled. There is, indeed, a trend in the abuse of prescription painkillers, which is, in part, attributed to the changes in how providers prescribe painkillers.

The best way to crack down on prescription drug abuse is to have a broad coalition of specialists, including supply chain stakeholders and regulators, to encourage a constructive dialogue to help minimize the impact of this serious public health issue. This legislation does just that.

Our Federal agencies will be required to consult with our local pharmacies and stakeholders on how best to prevent prescription drug abuse, while not taking away the access for individuals who rely on these drugs for medicinal needs.

I commend the efforts of Congressman MARINO and Congresswoman BLACKBURN to create a more constructive environment between manufacturers, wholesalers, retail pharmacies, and enforcement agencies to crack down on this epidemic.

I urge my colleagues on both sides of the aisle to support this legislation.

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Mrs. BLACKBURN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, as our colleagues have heard today, this is a bipartisan effort, and Mr. MARINO has really worked diligently with his team and with all of us on this legislation to make certain that we got it right the first time and we didn't have to come back and revisit it.

I thank him, the gentleman from Vermont (Mr. WELCH), and the gentlewoman from California (Ms. JUDY CHU) for the efforts that they have put into this, and also Chairman PITTS and Chairman UPTON for the diligence that they have shown to the issue to make certain that we moved the bill through the process.

As I said earlier, this is about access to the supply chain and making certain that those with legitimate needs for these medicines have the ability to access them in a timely manner, also bringing our pharmacists and the DEA into a collaborative process, with clarity, so that they make certain that this supply chain remains open to those that need it and that the DEA has the ability to continue to fight diversion and drug abuse.

Prescription drugs kill more people than heroin. This is something we need to realize is a problem. At the same time, those that need these medicines, we need to make certain that supply chain is clear.

I thank my colleagues for their diligence and their work, and I encourage an ''aye'' vote.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I rise in support of H.R. 471, the Ensuring Patient Access and Effective Drug Enforcement Act of 2015.

Millions of Americans rely on prescription drugs to treat and cure illnesses and improve the overall quality of their lives. Unfortunately, we also have a significant problem in this country with abuse of prescription drugs.

H.R. 471 would help drug distributors, pharmacies, and others work with DEA to achieve the difficult balance between keeping controlled substance prescription drugs away from drug abusers, but not from patients who urgently need them.

It would achieve this goal by making several changes to the Controlled Substances Act. It would provide definitions for the phrases ''factors as may be relevant to and consistent with the public health and safety'' and ''imminent danger to the public health or safety.'' It would require DEA to provide registrants an opportunity to submit an action plan to correct any violations for which DEA is considering revoking or suspending their controlled substance registration. And it would require FDA, in consultation with DEA, to submit a report one year after enactment to Congress on obstacles to legitimate patient access to controlled substances and collaborative efforts to benefit patients and prevent abuse of these substances.

I want to thank Representatives BLACKBURN, MARINO, WELCH and CHU for introducing this bipartisan legislation and I urge my colleagues to join me in supporting this legislation.

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The question is on the motion offered by the gentlewoman from Tennessee (Mrs. BLACKBURN) that the House suspend the rules and pass the bill, H.R. 471, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

AUTHORIZING USE OF CAPITOL GROUNDS FOR GREATER WASHINGTON SOAP BOX DERBY

Mr. BARLETTA. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 21) authorizing the use of the Capitol Grounds for the Greater Washington Soap Box Derby.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 21

Resolved by the House of Representatives (the Senate concurring),

SECTION 1. USE OF CAPITOL GROUNDS FOR SOAP BOX DERBY RACES.

(a) IN GENERAL.—The Greater Washington Soap Box Derby Association (in this resolution referred to as the ''sponsor'') shall be permitted to sponsor a public event, soap box derby races (in this resolution referred to as the ''event''), on the Capitol Grounds.

(b) DATE OF EVENT.—The event shall be held on June 20, 2015, or on such other date as the Speaker of the House of Representatives and the Committee on Rules and Administration of the Senate jointly designate.

SEC. 2. TERMS AND CONDITIONS.

(a) IN GENERAL.—Under conditions to be prescribed by the Architect of the Capitol and the Capitol Police Board, the event shall be—

(1) free of admission charge and open to the public; and

(2) arranged not to interfere with the needs of Congress.

(b) EXPENSES AND LIABILITIES.—The sponsor shall assume full responsibility for all expenses and liabilities incident to all activities associated with the event.

SEC. 3. EVENT PREPARATIONS.

Subject to the approval of the Architect of the Capitol, the sponsor is authorized to erect upon the Capitol Grounds such stage, sound amplification devices, and other related structures and equipment as may be required for the event.

SEC. 4. ADDITIONAL ARRANGEMENTS.

The Architect of the Capitol and the Capitol Police Board are authorized to make such additional arrangements as may be required to carry out the event.

SEC. 5. ENFORCEMENT OF RESTRICTIONS.

The Capitol Police Board shall provide for enforcement of the restrictions contained in section 5104(c) of title 40, United States Code, concerning sales, advertisements, displays, and solicitations on the Capitol Grounds, as well as other restrictions applicable to the Capitol Grounds, with respect to the event.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BARLETTA) and the gentlewoman from Maryland (Ms. EDWARDS) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BARLETTA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H. Con. Res. 21.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. BARLETTA. Mr. Speaker, I yield myself such time as I may consume.

H. Con. Res. 21 authorizes the use of the Capitol Grounds for the annual Greater Washington Soap Box Derby on June 20.

I want to thank the gentleman from Maryland (Mr. HOYER) for introducing this resolution. He has been a longtime supporter of this event and the children involved each year.

This event occurs annually on the Capitol Grounds. The soapbox derby encourages children to show off their dedication, work, and creativity as they compete for trophies. The winners of each division are qualified to compete in the national All-American Soap Box Derby held in Ohio.

I support passage of this resolution.

Mr. Speaker, I reserve the balance of my time.

Ms. EDWARDS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank Representative HOYER for, every year, introducing this resolution on behalf of the Washington regional delegation, and I rise as an original cosponsor.

This annual competitive event encourages boys and girls, ages 9 through 16, to construct and operate their own